MISSOURI
STATE BOARD OF NURSING NEWSLETTER

The Official Publication of the Missouri State Board of Nursing with a quarterly circulation of approximately 116,000 to all RNs and LPNs

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Message from the President

Missouri's Nurse Licensure Compact to Be Implemented June 1, 2010

Charlotte York, LPN, President

Missouri's Nurse Licensure Compact (NLC) will be implemented on June 1, 2010. The NLC is an agreement between states to recognize each others' licensees. This model of mutual recognition was developed by the National Council of State Boards of Nursing (NCSBN) to facilitate interstate practice and regulation, allowing a nurse to have one license issued by his or her state of residence and practice in other states participating in the NLC.

- If you live in Missouri, your license will become a multistate license, granting you the privilege to practice in all states that are a part of the Compact (party states). You may hold only one multistate license and it must be issued in your primary state of residence.
- If your address is in another **compact state, you must apply for a license in that state. That state will issue you a multistate license and then your Missouri license will be placed on inactive status. This is because you cannot hold a multistate license in Missouri if your primary state of residence is not Missouri.**
- If your primary residence is in a state that has not enacted the Compact, your Missouri license will be converted to a single state license valid only in Missouri. You will need to contact the Board of Nursing in your primary state of residence to obtain a license in that state. For a list of states participating in the Compact or additional information about the Compact go to http://www.ncsbn.org/

It is important that you make sure we have your correct primary state of residence on file prior to June 1, 2010, so your license will be changed correctly.

Twenty-four (24) states belong to the NLC. They are: Arizona, Arkansas, Colorado, Delaware, Idaho, Iowa, Kentucky, Maine, Maryland, Mississippi, Missouri, Nebraska, New Hampshire, New Mexico, North Carolina, North Dakota, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, and Wisconsin. These states are referred to as party states, as they are a party to the Compact.

The NLC includes RN and LPN licensure only. LPN IV Authority, Advanced Practice Recognition, and Prescriptive Authorization must be obtained in each state of practice.

In order to enjoy the multistate privilege, the Compact requires that each nurse be licensed in the party state in which she/he permanently resides. This is known as the *home state license*. The nurse must meet the licensure requirements of his/her home state to obtain and retain the home state license. With the home state license, the nurse may practice in any other party state without obtaining any additional licenses. A nurse practicing in another party state pursuant to the multistate privilege must comply with the state practice laws of the state where the patient is located at the time care is given.

Your home state is your primary state of residence. Primary state of residence is defined as the state of a person's declared fixed and principal home for legal purposes. This is generally the state where you hold a driver's license, vote and pay your taxes.

A nurse in a party state can hold a home state license in only one party state at a time. If the nurse changes permanent residence from one party state to another party state then the nurse must relinquish licensure in the previous state of residence and apply for, and meet the requirements, for licensure in the new home state. The Compact does allow a nurse to apply for a new home state license prior to moving. Further, the nurse may move back to his or her previous party state and re-establish licensure, or move to another party state and apply for licensure there.

When a nurse moves to a state that has not enacted the Compact, the previous home state license converts to a single state license valid only in the former home state and does not entitle the nurse to multistate privilege in other party states.

When a nurse practices, s/he is subject to the nursing practice laws and regulations of the state where the patient is located at the time care is given. A state's laws and administrative procedures including due process rights, will apply to disciplinary action by any party state on a multistate license or privilege to practice.

A shared information system enhances the party states' ability to monitor nursing practice to protect public health and safety. This system, called NURSYS, includes information on the licensing and disciplinary history of each nurse.

The compact privileges and requirements only affect those states who have implemented the Compact through the legislative process. If a nurse currently holds a license in a non-party state, that license will not be affected. Therefore, if a nurse desires to practice in that non-party state, she/he will need to continue to renew his or her license there until such time as the state enters into the Compact through legislative action.

If you have any questions regarding the Compact or its impact on your license, please refer to the Board's website at http://pr.mo.gov/nursing.asp

General questions about the compact language or the concept of mutual recognition of licensure can be obtained from the National Council of State Boards of Nursing website at www.ncsbn.org.

This new model of licensure facilitates nursing practice across state lines while assuring public protection. Through new practice options using distance technologies, nurses in party states will be able to reach more patients in the future. The Missouri State Board of Nursing is pleased to join 23 sister states in this model for nursing regulation.

Declaration continued on page 2

GOVERNOR
The Honorable Jeremiah W. (Jay) Nixon

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Number of Nurses Currently Licensed in the State of Missouri

As of January 4, 2010

Profession	Number
Licensed Practical Nurse	25,943
Registered Professional Nurse	90,607
Total	**116,550**

Important Telephone Numbers

Department of Health & Senior Services (nurse aide verifications and general questions)	573-526-5686
Missouri State Association for Licensed Practical Nurses (*MoSALPN*)	573-636-5659
Missouri Nurses Association (*MONA*)	573-636-4623
Missouri League for Nursing (*MLN*)	573-635-5355
Missouri Hospital Association (*MHA*)	573-893-3700

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DECLARATION OF PRIMARY STATE OF RESIDENCE

_____ _____
Missouri License Number Social Security Number

_____
Last Name First Name Middle Name

(_____) _____ _____
Daytime Telephone Number E-mail Address

_____ _____
Signature Date

PRIMARY STATE OF RESIDENCE ADDRESS: (where you vote, pay federal taxes, obtain a driver's license)

_____
Physical address required, **PO boxes are not acceptable**

_____
CITY STATE ZIP

_____
MAILING ADDRESS (IF DIFFERENT THAN PRIMARY RESIDENCE)

_____
STREET OR PO BOX

_____
CITY STATE ZIP

☐ Check here if this is a new mailing address

Upon licensure in Missouri, I intend to practice in the state(s) of:

_____

Return completed form to: Missouri State Board of Nursing, PO Box 656, Jefferson City, MO 65102
Or
Fax to 573-751-6745

Schedule of Board Meeting Dates Through 2011

March 3-5, 2010
June 2-4, 2010
September 8-10, 2010
December 1-3, 2010
March 2-4, 2011
June 1-3, 2011
September 7-9, 2011
December 7-9, 2011

Meeting locations may vary. For current information please view notices on our website at http://pr.mo.gov or call the board office.

If you are planning on attending any of the meetings listed above, notification of special needs should be forwarded to the Missouri State Board of Nursing, PO Box 656, Jefferson City, MO 65102 or by calling 573-751-0681 to ensure available accommodations. The text telephone for the hearing impaired is 800-735-2966.

Note: Committee Meeting Notices are posted on our web site at http://pr.mo.gov

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Executive Director Report

Authored by Lori Scheidt, Executive Director

Going "Cardless" for Public Safety

Although license cards have historically been perceived as "proof" of licensure, the fact is that wallet cards are subject to fraud, loss, and theft. Additionally, there is an assumption that the card carrier's license status is current as it reads on the card. In fact, the information could be up to two years old. Implementation of the Nurse Licensure Compact adds another element–whether the person has a multistate or single state license. Relying on license cards puts the public at risk and puts employers at risk for civil penalties and other sanctions.

Missouri is joining several other states that have already eliminated license cards. Going cardless benefits the Board, licensees, employers and the public.

- Assists employers in satisfying Joint Commission standards requiring use of primary source data for license verifications.
- Provides quicker access by employers to disciplinary actions taken by the Board.
- Eliminates lost, stolen and duplicate licenses.
- Eliminates imposters using fraudulent licenses.
- Increases the efficiency of licensure, investigative/monitoring and legal proceedings staff in license related functions.
- Provides free 24/7 licensure verification at www.nursys.com
- Reduces expenses by an estimated at $148,000 after 2012.
- Reduces paper–going green!

This is how it will work. The Board will issue one initial license to each nurse. That license will have the nurse's name, profession and license number. The license will not have an expiration date or multistate or single state license status. Instead, nurses and employers will be directed to www.nursys.com to verify multistate or single state license status, discipline and expiration date.

2010 Legislative Session

The 2010 legislative session started on January 6, 2010 and goes through May 14, 2010. The Board of Nursing is seeking two changes this year: one to amend the mandatory reporting rule and the other to mandate license verifications.

Mandatory Reporting Rule

The Board of Nursing wishes to amend the mandatory reporting rule to require that all employers of nurses report disciplinary actions against a nurse. Sections 383.130-133, RSMo (commonly known as the "Mandatory Reporting Rule") requires only hospitals, ambulatory surgical centers and temporary staffing agencies to report to the appropriate licensing authority. We seek to expand the mandated reporters to include home health agencies, nursing homes or any nursing facilities, or other entities that employ or contract with licensed health care professionals to provide healthcare services to individuals.

License Verifications

There is currently no law that requires employers to check the license of nurses. This would put a law in place that requires employers to do so. We receive calls from employers and the public asking if employers are required to check licenses. The short answer is no. Although many employers are regulated and other regulatory or credentialing bodies may require license verification, the Nursing Practice Act does not.

Your Role in the Legislative Process

Neither the Board of Nursing nor any nursing organization to which you may belong can independently change the law–Only the Missouri General Assembly can do that.

Nurses represent over 29% of professionals licensed within the Missouri Division of Professional Registration. The Fall 2003 issue of *Johns Hopkins Nursing* indicated that "by some estimates, 1 of every 45 potential voters is a nurse. But in the legislative arena, the nursing profession lacks the clout these numbers suggest."

We urge you to study all facets of the issue being considered and know your facts. Be able to tell your legislator what impact a bill will have on his or her constituents. Know the opposing viewpoint. Every issue has two sides.

As a licensed professional, you do have a voice in shaping the future of health care. You can meet with, call, write or e-mail your legislators. Let your legislators know how to reach you, your area of expertise and that you are willing to give them information on issues related to nursing. You can find information about the status of bills and how to contact legislators at http://www.moga.mo.gov/

Budget

Like most states, Missouri is facing a budget crisis. Lawmakers have some tough decisions ahead with the lower-than-projected revenues.

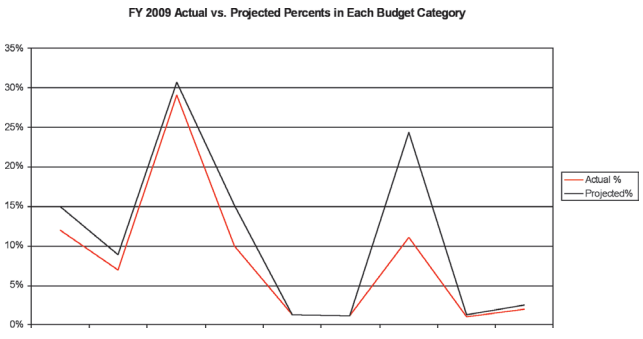
The Governor, legislators and state leaders continuously stress that it is more important than ever that we exercise financial responsibility and restraint.

Most of the widely publicized state budget cuts are to state agencies that operate from tax dollars, commonly referred to as general revenue. The Board of Nursing does not operate on general revenue (tax dollars). Rather, the Board operates on the fees it collects from licensees and applicants. The law (335.036.4, RSMo) specifies that the Board cannot have a fund balance that is more than three times its appropriation. This prevents the Board from charging excessive fees and also explains why renewal fees may fluctuate from year to year.

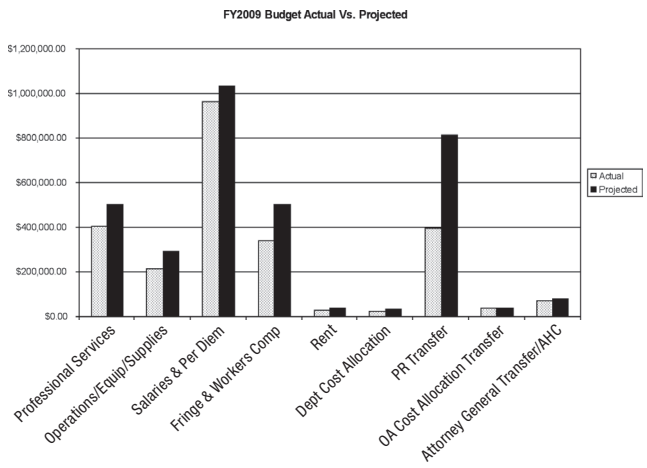
The Board of Nursing, like all other state agencies, must seek authority to spend its funds. That authority is commonly referred to as the appropriations–the amount of money the Board may spend. The fund balance is the account balance. Missouri's fiscal year begins July 1st and ends June 30th of the following year. In October, state department agencies prepare budget requests and revenue estimates for the upcoming budget year. By the end of December, the Governor reviews both the requests and the revenue estimates prior to presenting a budget recommendation to the legislature. Both the House and the Senate review the bills, hold a series of hearings and make any necessary amendments prior to approving the budget. All appropriations bills must be passed by the General Assembly one week before the session ends, May 7, 2010. The appropriations are then forwarded to the Governor who has line item veto power and can reduce or eliminate any amount of funding for any item in a bill before signing it into law.

Projecting revenue for the Board of Nursing is complicated by spikes and dips in revenue due to a two-year renewal cycle. RNs renew every two years in odd-numbered years and LPNs renew every two years in even-numbered years. Since there are more RNs than LPNs, the Board receives more revenue in odd-numbered years than in even-numbered years. The RN renewal cycle is February to April. The LPN renewal cycle is March to May. When determining revenue and expenses, the Board has to plan to have enough reserve in the fund to pay expenses until the revenue from renewal fees is received.

As shown in the following chart, we continue to spend less than projected.



The top three expenditures for the Board are professional services to investigate complaints, supplies and salaries.

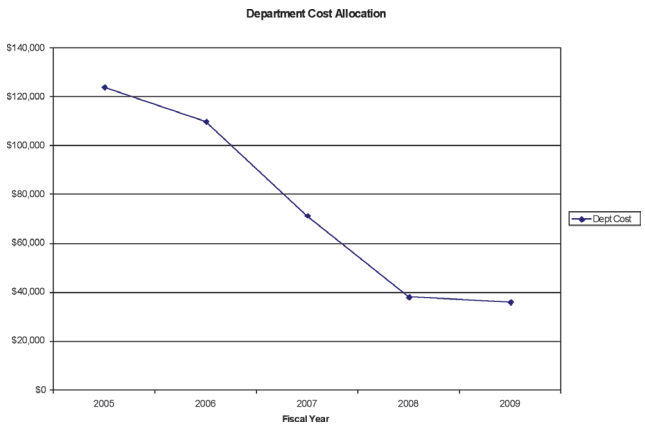


The Board of Nursing's expenditures also include costs assessed by the Division of Professional Registration, the Department of Insurance, Financial Institutions and Professional Registration, and the Office of Administration. These costs include services such as computers, information technology support, purchasing staff, accounting staff, website maintenance, and licensing renewal processing staff.

The Missouri State Board of Nursing was under the Department of Economic Development until the Missouri Department of Insurance, Financial Institutions and Professional Registration was created by Executive Order on August 28, 2006. The new department consists of the former Department of Insurance and the Divisions of Finance, Credit Unions, and Professional Registration. The executive order was followed by Senate Bill 788 formalizing the executive order. The creation of the new Department of Insurance, Financial Institutions and Professional Registration centralized certain administrative functions to provide more efficient services. Insurance staff provide functions such as policy development, legislative coordination, communications (public information), research and accounting centrally, with the costs allocated based on usage to the appropriate divisions within the Department. This has proven to be a positive move for the Board of Nursing. The costs we are assessed for services from the Department have gone down significantly since the restructure.

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The costs savings the Board experienced after the move from the Department of Economic Development to the Department of Insurance, Financial Institutions and Professional Registration is evidence that Missouri state government is serious about consolidating and streamlining state services to achieve cost savings while protecting its core mission.

I recently attended a conference on leadership lessons to be learned from President Lincoln. I think Lincoln's "majestic tree" story is a perfect analogy for the tough decisions legislators have to make.

> *It was a majestic-looking tree, and apparently perfect in every part–tall, straight, and of immense size–the grand old sentinel of his forest home. One morning, while at work in his garden, he saw a squirrel [run up the tree into a hole] and thought the tree might be hollow. He proceeded to examine it carefully and, much to his surprise, he found that the stately [tree] that he had [valued] for its beauty and grandeur to be the pride and protection of his little farm was hollow from top to bottom. Only a rim of sound wood remained, barely sufficient to support its weight. What was he to do? If he cut it down, it would [do great damage] with its great length and spreading branches. If he let it remain, his family was in constant danger. In a storm it might fall, or the wind might blow it down, as his house and children be crushed by it. What should he do? As he turned away, he said sadly, "I wish I had never seen that squirrel."*

Hertz, Emmanual. 1939. *Lincoln Talks: A Biography in Anecdote.* Halcyon House, New York, pp 362-364.

Licensure Corner

Authored by Angie Morice
Licensing Administrator

Missouri State Board of Nursing
Licensure Committee Members:
Deborah Wagner, RN, Chairperson
Charlotte York, LPN
Adrienne Anderson Fly, Public Member
Lisa Green, RN
Rhonda Shimmens, RN
Roxanne McDaniel, RN

LPN Renewal Notification

In March, renewal notifications will be mailed to all Licensed Practical Nurses holding active licenses. Please note, these renewal notifications are not the same as previous renewal notices. The notifications are printed on a tri-fold paper which is sealed on the sides. The front of the mailer states:

Your
Nursing
License
Is due to
EXPIRE

If you moved and have not updated your address with the Missouri State Board of Nursing, please do so as soon as possible. We are asking that you renew your license online. If you do not have access to the Internet, please notify us by fax or mail so that a paper renewal may be mailed to you.

As mentioned in the executive director's article, nurses will receive one wallet-sized card. The expiration date and the multistate or single state license status will not be indicated on the card. You will need to go to www.nursys.com to verify multistate or single state license status and the expiration date. The website www.nursys.com serves as primary source verification for Missouri.

Nurse Licensure Compact and Missouri License Renewals

In preparation for the implementation of the National Licensure Compact (NLC), Missouri began asking all applicants for licensure to declare his or her primary state of residence. This declaration is necessary when determining whether a nurse seeking licensure in Missouri will receive a Missouri multistate license, a single state Missouri license ["Valid Only in Missouri"], or will be denied a Missouri license and referred to the declared state of primary residence.

The NLC requires that a nurse have only one multistate license, and it must be issued by the state of primary residence. Evidence of primary residence would be a valid driver's license, voting registration card, or a federal income tax return. Do not provide evidence of primary residence unless requested to do so.

The only exception to the requirement for one license issued by the state of primary residence is for the nurse who practices ONLY in a military/federal facility. If you declare a compact state as your state of primary residence AND declare that you practice ONLY in a military/federal facility, you may be issued a Missouri single state license [Valid Only in Missouri].

If you declare your state of primary residence to be a compact state and DO NOT practice ONLY in a military/federal facility, you must hold a license issued by the state of your primary residence. You will not be able to renew your Missouri license.

DECLARATION OF PRIMARY STATE OF RESIDENCE

_____ _____
Missouri License Number Social Security Number

_____
Last Name First Name Middle Name

(_____) _____ _____
Daytime Telephone Number E-mail Address

_____ _____
Signature Date

PRIMARY STATE OF RESIDENCE ADDRESS: (where you vote, pay federal taxes, obtain a driver's license)

_____
Physical address required, **PO boxes are not acceptable**

_____
CITY STATE ZIP

_____
MAILING ADDRESS (IF DIFFERENT THAN PRIMARY RESIDENCE)

_____
STREET OR PO BOX

_____
CITY STATE ZIP

☐ Check here if this is a new mailing address

Upon licensure in Missouri, I intend to practice in the state(s) of:

_____

Return completed form to: Missouri State Board of Nursing, PO Box 656, Jefferson City, MO 65102
Or
Fax to 573-751-6745

Licensure Corner continued on page 5

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324.010 No Delinquent Taxes, Condition for Renewal of Certain Professional Licenses

All persons and business entities renewing a license with the Division of Professional Registration are required to have paid all state income taxes and also to have filed all necessary state income tax returns for the preceding three years. If you have failed to pay your taxes or have failed to file your tax returns, your license will be subject to immediate suspension within 90 days of being notified by the Missouri Department of Revenue of any delinquency or failure to file. If you have any questions, you may contact the Department of Revenue at 573-751-7200.

Name and address changes

Please notify our office of any name and/or address changes immediately in writing. The request must include your name, license number, your name and/or address change and your signature. An address/name change form can be found at http://pr.mo.gov. The form may be downloaded from our website and submitted as follows:

- By faxing your request to 573-751-6745 or 573-751-0075.
- By mailing your request to Missouri State Board of Nursing, PO Box 656, Jefferson City, Missouri 65102.

Contacting the Board

In order to assist you with any questions and save you and our office valuable time, please have the following information available when contacting the Board:

- License number
- Pen and paper

Missouri State Board of Nursing

Your Nursing License Is due to EXPIRE

NOTICE:

LPN Renewal Notifications are Coming in March 2010

Renewal Notifications are in a new format: tri-fold paper with sealed edges. LPNs look for it in your mailbox starting in March. The notification contains information encouraging you to renew your license online.

See Executive Director Article & Licensure Corner for more information.

Education Report

Authored by Bibi Schultz, RN MSN Education Administrator

Missouri State Board of Nursing Education Committee Members:

- Lisa Green, RN, PhD(c), Chair
- Charlotte York, LPN
- Ann Shelton, RN, PhD
- Roxanne McDaniel, RN, PhD

The year 2009 has been an eventful time for nursing education in Missouri. Currently 47 programs of Practical Nursing (PN), 35 Associate Degree Nursing (ADN), 23 Baccalaureate of Science in Nursing (BSN), and 1 Diploma Nursing program have varying degrees of MSBN program approval. In 2009 the MSBN Board office received one letter of intent for establishment of a new nursing program in Missouri. Hannibal La-Grange College in partnership with Pike-Lincoln Technical Center voiced their intent for establishment of a LPN to Associate Degree in Nursing program in Eolia, MO. The actual proposal has not been received at this time.

Letters of intent are to be submitted at least three months prior to submission of a new program proposal and the application fee. Upon MSBN full board acknowledgement of the letter of intent, all current nursing programs in Missouri are electronically notified. Submission of program comments and concerns is encouraged.

Two proposals for establishment of nursing programs, received at the board office in 2007/2008, were officially closed per proposed program request. Future intent for establishment of such new programs would require initiation of a new proposal process.

During the June 2009 MSBN Board meeting one new program of Practical Nursing (located in Clinton, MO), two Associate Degree in Nursing programs (located in Cassville and Earth City, MO) as well as one BSN program (located in Marshall, MO) received initial MSBN approval. Initial approval was also granted for a new program of Practical Nursing (located in Carthage, MO). The Carthage program received initial approval during the December 2008 Board meeting. Initial approval site surveys are in progress to ensure program proposal compliance prior to program start.

In summary, in 2009 the Education section conducted a total of 46 site surveys. Out of those, 30 were routine visits, four were relocation verifications, and 12 were focused/follow-up surveys. A total of five visits were conducted at BSN programs, 19 at ADN programs and 22 at PN programs. Thirty-four site surveys have been scheduled for 2010 so far. Current and past NCLEX pass rates, as well as current MSBN approval status for all Missouri nursing programs, may be accessed through the MSBN website at http://pr.mo.gov/nursing.asp under Schools of Nursing and Pass Rates.

Practice Corner

Authored by Debra Funk, RN
Practice Administrator

Missouri State Board of Nursing
Practice Committee Members:

- Aubrey Moncrief, RN, CRNA
- Deborah Wagner, RN
- Rhonda Shimmens, RN-C
- Roxanne McDaniel, RN, PhD

The Missouri Association of School Nurses asked me to address several questions about medication administration in an article for their newsletter. I think it is appropriate to share this information in our publication as well. Keep in mind that the answers are geared more toward a school nurse's practice, so some recommendations may not work for all practice locations.

Nurses have the statutory authority to perform the "administration of medications and treatments as prescribed by a person licensed by a state regulatory board to prescribe medications and treatments" pursuant to 335.016 (15) RSMo 2000. When a nurse receives an order to administer a medication that he/she is unfamiliar with, it is a practice standard to look it up and learn about the medication. If the nurse is unable to find the information needed, or finds contradictory information, then the nurse should consult the ordering physician and/or a pharmacist for further clarification. If, after all of this, the nurse still has concerns about the safety in giving the medication, the nurse can refuse to give the medication. The process of research and investigation about the medication, including who was consulted and when they were consulted, must be carefully documented. It is extremely important to work toward establishing good collaborative relationships with the parents, physicians and pharmacists that you may need to turn to in order to better understand what needs to be done for the child in question.

Herbals and homeopathic supplements should be handled the same way as medications. The item in question should be researched and the ordering physician and/or a pharmacist consulted. The process must be carefully documented. Again, if the nurse is uncomfortable administering the supplement, the nurse can refuse to give it. If the administration of the supplement becomes overwhelming for the nurse due to the quantity or frequency of administration, then the nurse should bring this to the attention of the school district to see if a policy determination should be made. The Nursing Practice Act does not address specific guidelines for medication administration of any kind. As nurses we are taught this in nursing school and should continue to build upon our knowledge base throughout our career as we gain more experience and education.

Several of you have mentioned utilizing the Physician's Desk Reference (PDR). There is also a version of the PDR that is dedicated to herbals and homeopathic supplements and a PDR dedicated to non-prescription drugs. When in doubt, again consider consulting with the ordering physician. If you are unable to do so, you may consider consulting with another physician willing to assist, or with a pharmacist. The Board does not have information or resources on herbals and homeopathic supplements.

The delegation by a nurse to unlicensed trained assistive personnel (UAP) to administer rectal diastat is permitted in Missouri. Documentation of the educational process for the UAP is necessary as is documentation of continued competency. The Board of Nursing has no authority over school districts and their policies; however, an employer of a nurse can further restrict a nurse's practice. A position statement about utilization of UAPs is available on the Board's website, www.pr.mo.gov/nursing.asp under "Practice" and "Missouri State Board of Nursing Position Statements". A delegation decision-making tool is also available on the website under "Practice".

The Board of Nursing does not expect a nurse to know everything about every drug that a physician might prescribe. The Board does expect that the nurse educate themselves as best they can so that the nurse can make the best possible educated decision. The Board also expects this process to be thoroughly documented. Following these steps will significantly decrease the likelihood of an untoward outcome.

Update on Collaborative Practice/Controlled Substance Prescriptive Authority Rules

The Board of Healing Arts voted at their October board meeting to accept the draft collaborative practice rules. During the month of November, the Bureau of Narcotics and Dangerous Drugs (BNDD) and the Board of Pharmacy reviewed the draft collaborative practice rules and found no issue with them. The next steps in the process are for the draft rules to be reviewed first by the Division of Professional Registration and then by the Department of Insurance, Financial Institutions, and Professional Registration, for a final review before the rules are filed. The Boards of Healing Arts and Nursing will file them at the same time.

The revised Advanced Practice Registered Nurse (APRN) rules will go through this same process. This section has been updated and reorganized and will include the controlled substance prescriptive authority application information.

Before APRNs will be able to apply for controlled substance prescriptive authority, BNDD will have to upgrade their database system in order to be able to cross-reference physicians with APRNs and PAs. This is important because if something happens that a physician's controlled substance privileges are restricted then any APRNs or Physician's Assistants (PA) that the physician works with will have the same restrictions placed upon them as well. This is a financial matter which the Department of Health and Senior Services and BNDD are working on. This will not stop our rules from being filed and moving through the rule-making process.

Investigations Corner

Case of the Quarter

Authored by Quinn Lewis
Investigations Administrator

This case was reported to the Board by the parents of eight year old twin girls who are ventilator dependant. The parents of the patients accused the nurse of deliberately not administering the twins' tube feedings and their Albuterol Nebulizer treatments, and of sleeping on duty.

FACTS GATHERED DURING THE INVESTIGATION:

The parents of patients, LC and CC, have in-home care for their daughters. Both girls have a neuromuscular disorder and require G-Tube feedings and breathing treatments for asthma. Nurse A worked prn for the agencies that provided nursing services for LC and CC. Nurse A typically worked the night shift.

Nurse A worked two eight-hour shifts and two twelve-hour shifts per week. The eight-hour shifts were from 11 pm to 7 am and the twelve-hour shift was from 7 pm to 7 am.

Patient CC's feeding included 318 cc of Kindercal followed by 120 ccs of water. CC was to be fed at 6 am, 12 pm, 7-8 pm and 1 am.

CC's medications included:

- Zyrtec 1mg, 1 teaspoon, 1-2 times per day, at 8 pm and 6 am
- Iron Ferrous-Sulfric Elixit, ½ teaspoon 2 times per day, 8 pm and 6 am
- Miralax, 1 ½ teaspoon 1 time per day, 8 pm
- Albuterol, 4 puffs at 6 am
- IPV Treatment, 5 Albuterol, 9 cc saline at 12 pm
- Sarovent, 2 puffs at 6 am and 8 pm
- Flowvent, 7 puffs, 6 am and 8 pm
- Atrovent, 4 puffs at 6 am and 8pm

LC's medications included

- Zoloft, 6 am, 1 tablet
- Robinul, 03 mg at 6 am, 12 pm and 8 pm
- Albuterol, 4 puffs at 6 am
- Sarovent, 2 puffs at 6 am and 8 pm
- Flowvent, 4 puffs, 6 am and 8 pm
- Nasonex, 1 time per day, currently at 8 pm
- Miralax

Patient CC had just had surgery in June and returned home in July. Nurse A had worked with LC while CC was in the hospital. Patient CC had respiratory problems when she returned home from the hospital and the Albuterol treatment was increased to five times a day.

CC started taking Colemycin, BID as well as Prelone, 10 cc for five days. On July 11 the family had overnight guests who stated that they heard Nurse A snoring during the night.

On July 12 Nurse A was working another twelve-hour shift, from 7 pm to 7am. At 10:30 pm the mother asked Nurse A if she had given patient CC her 10 pm Albuterol and Atrovent nebulizer treatment. Nurse A was found to be sleeping when the mother entered the room. Nurse A told the mother that she had given the treatment earlier.

The mother had administered the 6 pm Atrovent treatment to CC and had used ½ of the vial and left the other half of the medication on the kitchen counter, which was still there. The mother confronted Nurse A about the medication remaining. According to the mother, Nurse A told her that she had not given the medication and was waiting a little while since the 6 pm dose was a little late. Nurse A then administered the medication at approximately 11 pm.

The mother then became suspicious and started counting the Kindercal cans and the number of Saline bullets that were left out. The next morning, July 13, the mother again counted the Kinderal cans and discovered that Nurse A did not administer one tube feeding. There should have been three cans of Kindercal used, however only one was used. Therefore, it is possible that both girls missed their tube feedings. Also, the mother noticed that the saline tablets had not been used.

CC had been sick on July 11 and 12 when Nurse A was working. When Nurse A was off work on July 13, 14 and 15, CC appeared to improve during this time. At this point, the parents were very suspicious that Nurse A was not feeding the girls. The parents decided to install a video camera in the girls' room.

Nurse A returned to work on July 16, at 11 pm and, within 30 minutes, she was asleep. The videotape revealed that Nurse A slept until approximately 12:30 am. Nurse A woke up, changed CC's diaper, checked on LC and went back to sleep. Nurse A woke up again at approximately 1:45 am, and changed CC's diaper. She then covered herself up with a blanket and went back to sleep.

Both girls should have been fed at 1 am, and CC should have had a nebulizer treatment at 2:00 am. At approximately 6:00 am, the father went into the girls' room and asked Nurse A if she had finished the feedings and treatments. Nurse A stated that she had, but the videotape showed that she had not. Nurse A was reported to her employer. The employer said they would speak to Nurse A.

Nurse A returned to the home on July 18, to work an eight hour shift, beginning at 11 pm. The nurse from the previous shift told Nurse A that she didn't know what was going on but, the mother was counting medications.

At approximately 11:10 pm, the video tape showed Nurse A come into the room carrying Kindercal cans, feeding tubes, syringes and items for the nebulizer. At approximately 1:30 am, Nurse A was asleep and she did not wake up for the 2:00 am feedings. During the evening Nurse A ate dinner, read the paper and slept.

The tape showed Nurse A woke up one time during the night and obtained some cans of Kindercal and went into the bathroom. Shortly thereafter Nurse A opened the cans and poured them down the sink. Nurse A then returned to the girls' room with the empty cans and threw them in the trash.

The father confronted Nurse A about not doing the feedings based on the video taped evidence. After a heated verbal altercation with the father, Nurse A was asked to leave. The videotape was turned over to the Boone County Sheriff's Department.

During an interview with the Board's investigator, Nurse A admitted that she suspected that the patients' parents were watching her. Therefore, she got stubborn and did not do anything, such as the tube feedings and administering medications on time. Nurse A stated that she knew the cameras were there so she took the cans of Kindercal into the bathroom and emptied them down the sink. She stated, "I was performing for the cameras."

After reviewing this case, the Board chose to revoke Nurse A's Missouri nursing license. Nurse A was also charged with two counts of Endangering the Welfare of a Child, 1st Degree, a Class D felony. Nurse A pleaded guilty to both counts and received a Suspended Execution of Sentence. She was also placed permanently on the Federal Employee Disqualification List (EDL).

Discipline Corner

Authored by Janet Wolken, MBA, RN
Discipline Administrator

Missouri State Board of Nursing
Discipline Committee Members:

- Charlotte York, LPN, Chair
- Adrienne Anderson Fly, JD
- Aubrey Moncrief, RN
- Ann Shelton, RN, MSN, PhD
- Deborah Wagner, RN

Return to Work Agreement

The Mandatory Reporting Rule (20 CSR 2200-4.040) establishes a procedure and guidelines regarding reports required from hospitals, ambulatory surgical centers, or temporary nursing staffing agencies. Section 5 of the rule states that when a nurse voluntarily submits to an Employee Assistance Program (EAP) or to a rehabilitation program for alcohol or drug impairment and no disciplinary action is taken by the facility, the facility is not mandated to report but may report. If the nurse is subsequently disciplined by the facility for violating provisions of the employee assistance program or rehabilitation program, or voluntarily resigns in lieu of discipline, the facility must report to the board under the above provision. For complete details of the rule go to: http://www.sos.mo.gov/adrules/csr/current/20csr/20c2200-4.pdf

If a facility discovers that a nurse has a positive drug screen or it is discovered that a nurse is diverting medication, then the facility may offer the nurse a "return to work" agreement in lieu of termination. A return to work agreement will benefit both the employer and the nurse. The employer retains a skilled employee and the nurse retains employment that is supportive of recovery.

The nurse may be put on leave while he/she attends therapy. When the therapist feels the nurse is ready to return to work, the facility, the nurse and the therapist develop a specific agreement. The return to work agreement is developed to ensure the safety of the patients and to aid the nurse in recovery. The information listed below is a portion of what the agreement may contain.

- Employee Assistance Program participation or counseling with detailed routine reports to the facility are often included in the agreement. The nurse is required to sign a release of information so the facility may receive these reports.
- The nurse may be limited to specific work hours with no overtime allowed. Often the nurse is paired with a buddy or mentor who is aware of the situation and is able to pass all of the controlled substances for the recovering nurse. The mentor will need to be informed when the nurse leaves and returns from all breaks.
- The nurse's Pyxis access to controlled substances will be removed for a length of time. When the employer and licensee feel that controlled substance access may be returned, then the employer may scrutinize the controlled substance documentation more diligently for a set period of time.
- Random urine drug screens may be part of the agreement. The nurse may even be selected on his or her day off and required to do a drop.
- The nurse may not be tardy to work. All leave must be pre-approved. Annual leave and sick leave may only be approved by the manager and the nurse may be requested to do a urine drug screen while on leave. If the nurse requests sick leave it must be 24 hours in advance and will require a doctor's note. If there is an unplanned use of sick leave, the nurse will be required to do a urine drug screen immediately.
- All prescriptions may have to be pre-approved by the counselor. Often the nurse must name one primary physician and only obtain prescriptions from that particular physician. The counselor and employer will need to be informed of the prescriptions when they are written. If this procedure is followed then when the urine drug screen is positive for prescribed substances it will be considered a negative screen.
- The agreement may have several reasons that may result in immediate termination. Reasons might include failing to maintain an acceptable performance level, being inappropriate or uncooperative, failing to attend the employee assistance program or counseling. If the nurse takes leave without approval or notice or does not give a urine specimen upon request, then termination may occur. A positive drug screen may be a violation of the agreement. The agreement is written clearly so the nurse is aware of the consequences of a violation of the agreement and knows when the agreement has been violated.
- The length of the agreement and the terms are between the employer and the employee. However, when a nurse fails to fulfill the return to work agreement, then the Board of Nursing may receive a complaint against the license of the recovering nurse.



The Legal Perspective

Authored by Mikeal R. Louraine, BS, JD
Senior Legal Counsel for the
State Board of Nursing

We had a lot of students at the last Board meeting in December 2009, who asked some very insightful questions. The first question involved felony convictions. The Board has been presented with this question in many forms: can a person get a license if they have been convicted of a felony; does a felony conviction disqualify a person from being a nurse; do you automatically lose your license if you're convicted of a felony? The short answer first; a felony conviction does not automatically disqualify you from licensure or cause you to automatically lose your license. Now for the longer explanation;

> Except as otherwise specifically provided by law, no license for any occupation or profession shall be denied solely on the grounds that an applicant has been previously convicted of a felony. §324.029 RSMo

Chapter 324, entitled 'Occupations and Professions General Provisions', applies to all the licensing Boards and Commissions under the umbrella of the Division of Professional Registration. This includes the Board of Nursing, Board of Healing Arts, Board of Pharmacy, Board of Accountancy, etc. Note that the statute says *solely* on the grounds of a prior felony. That language gives the various boards the leeway to draft their own statutes that deal with specific crimes. For example, the specific sections in the Nursing Practice Act say,

> The person has been finally adjudicated and found guilty, or entered a plea of guilty or nolo contendere, in a criminal prosecution pursuant to the laws of any state or of the United States, for any offense reasonably related to the qualifications, functions or duties of any profession licensed or regulated pursuant to sections 335.011 to 335.096, for any offense an essential element of which is fraud, dishonesty or an act of violence, or for any offense involving moral turpitude, whether or not sentence is imposed; §335.066.2(2) RSMo

And

> Violation of the drug laws or rules and regulations of this state, any other state or the federal government; §335.066.2(14) RSMo

In order for the Board to deny licensure to an applicant or seek discipline against a current license holder based on a criminal conviction, the crime must fit into one of the categories listed in §335.066 RSMo. The two sections listed above are the two that will catch most criminal cases. Note that neither section states that the criminal offense has to be a felony. The Administrative Hearing Commission (AHC), the body responsible for hearing discipline complaints brought by the various licensing boards, has consistently held that a plea of guilty or conviction for misdemeanor possession of marijuana qualifies as grounds for discipline under both §§335.066.2(2) and (14) RSMo. It has held that any offense involving controlled substances is reasonably related to the duties and functions of a nurse. Similarly, they have found that the same offense qualifies as a violation of the drug laws of this state. At the same time, the AHC has found that convictions for certain felonies do not give the Board grounds to impose discipline because they do not meet the criteria set forth in §335.066.2(2) RSMo.

Another thing to note about §335.066.2(2) RSMo is that it does not require that the licensee be convicted. The language, 'or entered a plea of guilty or nolo contendere' allows the Board to seek to impose discipline even if the criminal court grants a suspended imposition of sentence, or SIS. If given an SIS by the criminal court, an individual is placed on probation. If they successfully complete the period of probation, there is no criminal conviction. As noted in previous articles, even if the criminal court grants an SIS, the licensee still needs to report the information to the Board. Based on this language, the Board can still pursue discipline after the licensee is granted an SIS. The same is true if the individual enters a plea of 'nolo contendere' or 'no contest'. In these cases, the individual pleads 'no contest' and the criminal court makes a finding of guilt. The individual can then honestly answer that they did not plead guilty to the crime. However, that plea does not prevent the Board from pursuing discipline. That's the long answer to a seemingly simple question.

The second question, and it comes up at every Board meeting, involves licensees who don't appear for their hearings. The question is what happens to the nurses who don't show up for their hearings. The first important thing to know is that the Board cannot conduct a hearing and make a decision affecting a nursing license unless the licensee has notice of the hearing. At every Board meeting, there are always a few hearings that have to be continued because we have been unable to obtain proper service on the licensee. Second, there is no requirement that the nurse appear at the hearing. It is certainly in the licensee's best interest to be present, but it is not mandated. Third, there are alternatives to appearing in person. A licensee can appear by telephone conference. A licensee can submit a written statement that will be distributed to the Board members for review prior to any decision being made. Despite being served and having options available to them, there are licensees who make the conscious decision to not appear before the Board. In my opinion, these individuals are, in effect, making a statement to the Board. They are saying, "I don't care about my license."

As always, thanks to the students who come to Board meetings and pay attention to the hearings and ask good questions. If anyone has a specific topic they would like to see addressed in this space, please feel free to contact me.

Disciplinary Actions**

Pursuant to Section 335.066.2 RSMo, the Board may cause a complaint to be filed with the Administrative Hearing Commission as provided by chapter 621, RSMo, against any holder of any certificate of registration or authority, permit, or license required by sections 335.011 to 335.096 or any person who has failed to renew or has surrendered his certificate of registration or authority, permit or license" for violation of Chapter 335, the Nursing Practice Act.

**Please be advised that more than one licensee may have the same name. Therefore, in order to verify a licensee's identity, please check the license number.

CENSURE

Lois Leota Alford
Merriam, KS
PN2003030502
Licensee was employed by a long term care facility. In January 2009, a patient was found deceased due to bleeding from his dialysis catheter. Patient was on his backside with a large amount of bright red blood next to his left arm and on the floor beside the bed. Patient was found by a CNA. Licensee arrived in the room to assess the situation and decided that CPR would not help due to the fact that the resident was not breathing, had no pulse and had lost a large amount of blood.
Censure 10/17/2009 to 10/18/2009

CENSURE Continued...

Brenda J. Anderson
Richland, MO
PN058519
Licensee's license expired May 31, 2008 and was not renewed until September 25, 2009. Licensee acknowledged that she practiced nursing in Missouri without a license from June 1, 2008 through September 23, 2009.
Censure 10/30/2009 to 10/31/2009

Susan L. Bounous
Monett, MO
RN120373
Licensee practiced as an Advanced Practice Registered Nurse in Missouri, without recognition, from May 1, 2008 through August 10, 2009.
Censure 11/17/2009 to 11/18/2009

Tammi S. Campbell
Kansas City, MO
RN142573
Licensee was employed by a long-term care center. On January 27, 2009, a patient at the center was found unresponsive and without a pulse. The patient was a 'full code'. Licensee did not call 911 or begin administering CPR. Licensee ignored doctor's orders and the wishes of the patient and the patient's family in refusing to attempt life-saving techniques.
Censure 9/9/2009 to 9/10/2009

Christine Rose Coltrin
Harrisonville, MO
PN2001018388
Licensee's license expired June 1, 2008 and was not renewed until July 6, 2009. Licensee acknowledged that she practiced nursing in Missouri without a license from June 1, 2008 through June 5, 2009.
Censure 10/22/2009 to 10/23/2009

Mary E. Dieterich
Shawnee Mission, KS
RN116221
Licensee's license expired on April 30, 2005. Licensee renewed her license effective April 16, 2007. Licensee acknowledged in her renewal application that she practiced nursing while her license was lapsed.
Censure 9/24/2009 to 9/25/2009

Brienne Rochelle Giddens
Rolla, MO
PN2007028788
Licensee acknowledged that she practiced as a nurse on a lapsed license from October of 2007 through July 22, 2009.
Censure 11/17/2009 to 11/18/2009

Tamera L. Gough
Shelbina, MO
RN155085
Licensee was required to abstain completely from the use or consumption of alcohol. On January 22, 2009, Licensee

CENSURE Continued...

submitted a urine sample for random drug and alcohol screening. The sample tested positive for the presence of ethyl glucuronide, a metabolite of alcohol.
Censure 9/9/2009 to 9/10/2009

Carolyn E. Harrington
Saint Louis, MO
RN2000164704
Licensee was required to abstain completely from the use or consumption of alcohol. On March 10, 2009, Licensee submitted a urine sample for random drug and alcohol screening. The sample tested positive for the presence of ethyl glucuronide, a metabolite of alcohol. Licensee admitted to consuming alcohol in violation of the Board Order.
Censure 9/9/2009 to 9/10/2009

Kimberley K. Kelly
Sainte Genevieve, MO
RN153102
Licensee was employed as a registered nurse by a hospital. In August 2005, Licensee was suspended for providing poor nursing care, for failing to stay awake during report and using poor nursing judgment. In September 2005, Licensee failed to administer morning medications to her patients. Licensee was observed by staff falling asleep while she was working at the computer and that she appeared to be confused. Licensee was asked to submit to a urine drug screen. Licensee tested positive for Opiates. Licensee had a prescription for Opiates. Later in September 2005, Licensee was again observed falling asleep while at work and on duty. Also in September 2005, the Hospital received a phone call from Licensees physician who advised that Licensee was abusing her pain medication and that Licensee was not in a condition to care for patients.
Censure 10/22/2009 to 10/23/2009

Sandra Louise Klamm
Kansas City, MO
PN2006003550
Licensee was terminated for inappropriately authorizing prescription refills.
Censure 10/22/2009 to 10/23/2009

Tracy M. Novel
Saint Louis MO
RN155936
Licensee was required to submit an employer evaluation from every employer or, if Licensee was unemployed, a notarized statement indicating the periods of unemployment. The Board did not receive an employer evaluation or statement of unemployment by the July 9, 2009 documentation due date. If Licensee ended employment with an employer, Licensee was to cause a final evaluation form from that supervisor to be submitted. The Board received an employee evaluation form from an employer in October of 2008. Licensee informed the Board that she had taken a leave of absence from that employer beginning in November of 2008. The Board did not receive an exit evaluation from the employer. Licensee was required to complete at least 15 continuing education hours in Boundaries and submit proof of completion. Proof of completion was to be sent by June 11, 2009. The Board did not receive proof of completion by the due date. Licensee did present proof of completion at the hearing on August 26, 2009.
Censure 9/9/2009 to 9/10/2009

Rosanne M. Ramsburg
Olathe, KS
RN102989
Licensee acknowledged in her license application that she practiced nursing in Missouri without a license from May 1, 2005 through November 6, 2008.
Censure 10/2/2009 to 10/3/2009

Michael J. Schmidt
Alton, IL
PN045995
Licensee's licensed practical nursing license expired May 31, 2002 and a petition to renew was received on March 20, 2009. While his license was expired, Licensee practiced in positions that utilized his nursing knowledge and training, therefore, Licensee was practicing nursing without a current, valid license.
Censure 10/2/2009 to 10/3/2009

CENSURE continued on page 11

CENSURE continued from page 10

Mary Jo Spradling-Hodges
Springfield, MO
RN124970
Respondent was required to contract with the Boards approved third party administrator to schedule random drug and alcohol screenings. Respondent was required to call a toll free number every day to determine if she was required to submit a sample for testing that day. Respondent failed to call in on 25 days.
Censure 9/9/2009 to 9/10/2009

Lynn C. Sutherland
Saint Louis, MO
RN066865
Licensee was required to contract with the Boards approved third party administrator to schedule random drug and alcohol screenings. Licensee was required to call a toll free number every day to determine if she is required to submit a sample for testing that day. Licensee failed to call in on 21 days. Further, on two dates Licensee called and was advised that she had been selected to provide a urine sample for screening. Licensee failed to report to a collection site to provide the required sample.
Censure 9/9/2009 to 9/10/2009

CENSURE Continued...

PROBATION

Tiffany Lauren Albrecht
Dardenne Prairie, MO
RN2009036222
Licensee entered and successfully completed treatment in 2002. Licensee reports that she was sober from April, 2002 to February, 2008. Licensee relapsed in February 2008. Licensee successfully completed that treatment program and reports a sobriety date of March 15, 2008.
Probation 11/25/2009 to 11/25/2012

Pamela Leigh Aylor
O' Fallon, IL
RN2006001026
On or about January 10, 2007, Licensee inadvertently switched patients' medications. Licensee had given the medication of a patient to the patient in the adjacent room and the family of the patient discovered the error when they realized that the IV of their family member had the wrong name on it.
Probation 9/25/2009 to 9/25/2010

PROBATION Continued...

Kenneth G. Barber
Farmington, MO
RN107185
Licensee was required to abstain completely from the use or possession of any controlled substance or other drug for which a prescription was required unless use of the drug has been prescribed by a person licensed to prescribe such drug and with whom Licensee has a bona fide relationship as a patient. On March 27, 2009, Licensee submitted a urine sample for random drug screening. That sample tested positive for the presence of marijuana. During his testimony at the hearing on August 26, 2009, Licensee admitted to consuming marijuana in violation of the Agreement.
Probation 9/9/2009 to 7/14/2013

PROBATION continued on page 12

PROBATION continued from page 11

Becky Sue Bates
Farmington, MO
PN2008031815/RN2009029666
On September 20, 2006, Licensee pled guilty to the Class A Misdemeanor of Possession of a Controlled Substance (Marijuana).
Probation 9/22/2009 to 6/18/2010

Marilyn J. Cole
Springfield, MO
PN036322
On or about August 30, 2006, an investigator was finishing up an investigation. When Licensee arrived at the Center around 2:00 p.m., she was interviewed. During the interview, an investigator observed an odor of alcohol on Licensee's breath. Licensee was requested to take a drug test and a breathalyzer Licensee tested positive for alcohol in that she registered a .097 on the breathalyzer test.
Probation 11/17/2009 to 11/17/2011

Anissa Thean Conard
Independence, MO
PN2003020467
On or about September 21, 2008, Licensee was charge nurse. At 9:45 p.m., the on-coming charge nurse responded to cries for help from a patient. The patient could not use the call light as the call light had been pulled out of the wall. The administrator spoke with the patient whom stated that a nurse came in, pulled the call light out of the wall, and told the patient that she had been using the call light too much. The patient was able to identify the uniform and the appearance of Licensee. Another patient stated that her roommate was sick and had been throwing up on the evening that the nurse unplugged her call light.
Probation 9/1/2009 to 9/1/2011

Robin R. Conant
Trimble, MO
RN102598
Licensee was required to abstain completely from the use or consumption of alcohol. On July 20, 2009, Licensee submitted a urine sample for random drug and alcohol screening. The sample tested positive for ethyl glucuronide, a metabolite of alcohol. When interviewed by the Medical Review Officer for the testing agency, Licensee admitted to consuming alcohol.
Probation 9/9/2009 to 6/24/2012

Tracie L. Daven
Osage Beach, MO
RN149449
On or about August 30, 2005 Licensee intending to withdraw and administer 200 milligrams of the drug Labetalol, but withdrew and administered 200 micrograms of the drug Cytotec. Licensee's mistake in drug administration induced patient to enter labor prematurely. Licensee failed to notify anyone of the medication error until she was at home following the end of her shift. On or about October 11, 2005, Licensee was tending to a patient who was bleeding heavily after giving birth. After speaking with the patient's physician by phone and receiving what she interpreted to be a verbal order to administer medication to the patient, Licensee proceeded to administer Methergine medication to the patient. Licensee did not immediately document in the patient's records that she had administered the Methergine pursuant to a verbal order from the patient's physician.
Probation 9/9/2009 to10/5/2009

Earlene Jane Feltz
Troy, MO
PN2001021187
On May 23, 2006, a 16-year old student injured himself on School property during regular School hours. Licensee failed to properly assess and provide appropriate nursing care to the Student. Thirty minutes after the accident occurred Licensee observed that the Student could not bear weight on either foot. At no time on May 23, 2006, did Licensee attempt to contact anyone on the Student's emergency contact list to notify of the Student's injuries. The injuries the Student sustained during school hours required the student to undergo several surgeries for open reduction and internal fixation of the broken bones of his right foot and hand, wear casts and splints to his fractured extremities and participate in physical therapy for several months. On May 23, 2006, Licensee failed to transfer the Student's care to another qualified individual and failed to ensure that the Student was properly supervised by school staff before leaving him at the school after hours.
Probation 9/11/2009 to 9/11/2011

Helen Marie Foreman
Fulton, MO
PN2009029697
On April 19, 1996, Licensee pled guilty to the Class C Felony of Stealing. On January 12, 1998 Licensee pled guilty to the Class C Felony of Assault in the Second Degree.
Probation 9/22/2009 to 9/22/2010

Charlene Renee Franken
Bloomsdale, MO
RN2000163726
On or about August 12, 2007 it was noticed that Licensee's pupils were dilated and that Licensee kept disappearing from the department. The House Supervisor didn't feel a drug screen was warranted at that time. On or about August 14, 2007, during a meeting with charge nurses, a concern was brought up regarding the behavior of Licensee. It was noted that Licensee seemed "out of it" and kept disappearing from the department. It was also noted that Licensee had a few Pyxis discrepancies and that when Licensee wasted a narcotic, she would bring a clear-filled syringe for waste instead of the medication in a vial. Sixteen discrepancies were found from just that one week. Licensee had taken medications from the Pyxis for patients not assigned to her, had not yet been seen by a doctor, or did not have orders for those meds. In other instances in question, Licensee was documented by Pyxis as having wasted meds, yet there had been zero medication given to the patient. On or about August 14, 2007, Licensee arrived at work at 11:00 a.m. The Director of the Emergency Department pulled a Pyxis report at 11:08 a.m. just for that day, August 14, 2007, and saw that 2mg. Dilaudid had already been taken out by Licensee for a patient who was not hers and did not have orders for Dilaudid, and had not even been seen by a doctor. Around 11:55 a.m., another Pyxis report was pulled and it showed that Licensee had pulled another 2 mg. Dilaudid on another patient who wasn't hers, had no orders, and had not been seen by a doctor. When asked if Licensee had been using drugs while on duty Licensee stated she had. Licensee admitted to having already injected the Dilaudid that she had pulled earlier that day.
Probation 11/17/2009 to 11/17/2014

Nancy S. Hedger
Florissant, MO
PN040971
On or about March 11, 2008, Licensee was taking care of a patient and was soaking patient's hand in a warm tub of water to try and soak some dry skin off his hand. When Licensee removed the hand from the water, the hand was swelling and red. On or about March 12, 2008, it was determined that the patient needed to go to the hospital as skin was falling off his hand and there were blisters along the sides of his hand. The skin was sloughing off of his fingers and he had a burn covering almost the entire palm. The Patient had second and third degree burns on his hand.
Probation 9/1/2009 to 9/1/2011

James P. Hellings
Panama City, FL
RN139406
On May 12, 1994, Licensee pled guilty to the Class C Felony of Assault in the Second Degree (DWI). The Court suspended imposition of sentence and placed Licensee on probation for a period of one (1) year. Licensee successfully completed that period of probation and was, therefore, not convicted of the offense.
Probation 9/10/2009 to 9/10/2011

Jeffrey William Hildebrand
Barnhart, MO
PN2009029703
On April 12, 2006, Licensee pled guilty to the infraction of Committing a Lewd and Indecent Act in the Municipal Court of Ballwin, Missouri. On October 10, 1995, Licensee pled guilty to the infraction of Exposing Person in the Municipal Court of the City of St. Louis, Missouri.
Probation 9/23/2009 to 9/23/2010

PROBATION continued on page 13

PROBATION continued from page 12

Tiffany Lynn Hoffman
Lake Saint Louis, MO
RN2006006553
On January 8, 2009, Licensee was thirty-three weeks pregnant and was working a twelve hour shift. Licensee explained to two other nurses currently working that she was having contractions. Licensee consented to having IV fluids administered. The other nurses went to the Pyxis and removed the bags of IV fluids from another patient's account and started the IV fluids.
Probation 12/1/2009 to 12/2/2009

Stephanie Lynn Jersey
Gerald, MO
PN2009034858
On January 21, 2005, Licensee pled guilty to the Class C Felony of 'Possession of a Controlled Substance' in the Circuit Court of St. Charles County, Missouri. The Court suspended imposition of sentence and placed Licensee on five (5) years of supervised probation.
Probation 11/10/2009 to 11/10/2011

J.D. Cochran Johnson
Saint Louis, MO
PN2009027558
On November 30, 2007, Licensee pled guilty to the Class C Felony of Stealing by Deceit in the Circuit Court of the City St. Louis, Missouri.
Probation 9/3/2009 to 9/3/2013

Essie M. Jones
Saint Louis, MO
PN2002025409
On or about May 29, 2008, a stat was called due to a resident being out of control and yelling and cursing at another resident. The resident was being led away from the situation, up the back stairs by other employees of the facility. While going up the stairs, Licensee ran up behind the resident on the stairs and pushed and punched the resident in the back. Licensee was then escorted from the building and told not to return until further notice.
Probation 10/21/2009 to 10/21/2011

Demetria Toyce Lewis
Kansas City, MO
PN2008020435
Licensee violated the terms of the Order by submitting a urine specimen which tested positive for ethyl glucuronide, a metabolite of alcohol, on June 11, 2009.
Probation 9/9/2009 to 7/10/2014

Lori Jennifer Libbert
Jefferson City, MO
PN2009031442
On December 5, 2005, Licensee pled guilty to the Class C Felony of Forgery.
Probation 10/7/2009 to 10/7/2011

PROBATION Continued...

Melissa Rhea Manley
Jefferson City, MO
PN2009029821
On April 12, 2000, Licensee pled guilty to the misdemeanor of Passing a Bad Check in the Associate Circuit Court of Cass County, Missouri. On August 21, 2008, Licensee pled guilty to the misdemeanor of Passing a Bad Check in the Associate Circuit Court of Cole County, Missouri.
Probation 9/23/2009 to 9/23/2011

Lindy Erin McEwen
Clinton, MO
PN2009032877
On or about January 4, 2006 licensee pled guilty and was found guilty of Fraudulently Obtaining a Prescription. On or about December 21, 2006 licensee pled guilty and was found guilty of Petty Theft. Licensee diverted Ambien tablets. Licensee's Kansas nursing license was disciplined. As part of this probation licensee entered into the Kansas Nurses Assistance Program (KNAP). Licensee complied with the KNAP contract and was released from any probationary restrictions on her Kansas license on or about January 4, 2009.
Probation 10/26/2009 to 10/26/2011

Robyn Ann Midgyett
Columbia, MO
PN2006035280
During her disciplinary period until the filing date of the complaint, Licensee failed to call in on twenty-three (23) days. Further, on the following dates: July 18, 2008; July 28, 2008; February 3, 2009 and April 9, 2009, Licensee called and was advised that she had been selected to provide a urine sample for screening. Licensee failed to report to a collection site to provide the required sample.
Probation 9/9/2009 to 5/1/2014

Karma E. Murr
Springfield, MO
RN103134
While on duty on the Unit, Licensee was responsible for conducting blood glucose testing on cardiac patients with diabetes before and after the patients exercised. On or about December 29, 2005, Licensee documented taking two blood glucose tests on a cardiac patient. The glucometer used by Licensee did not substantiate that Licensee had taken the blood glucose tests as documented by Licensee in the patient's record. Licensee reported, and staff observed, Licensee drop the glucometer machine on the floor. Every other blood glucose test done that day both prior to the time that Licensee's patient was there and after, were all recorded by the machine. Licensee failed to follow policy and procedure to check whether the machine was properly functioning after she dropped it.
Probation 10/20/2009 to 10/21/2009

PROBATION Continued...

Charris Jonea Rathbone
Birch Tree, MO
PN2005008915
Licensee was required to immediately advise any employer or potential employer of Licensee's probationary status and provide a copy of the agreement to any employer or potential employer. Licensee did not notify her employer, with whom she was employed when she began her disciplinary period on November 8, 2008, of her probationary status until January 6, 2009.
Probation 9/9/2009 to 11/8/2011

Mary J. Reise
Saint Charles, MO
RN150334
On October 14, 2008, due to complaints from patients recently seen by Licensee, Licensee's supervisor requested Licensee submit to a drug test. Licensee tested positive for marijuana.
Probation 10/17/2009 to 10/17/2011

Evan Lee Ruschill
Hazelwood, MO
RN2005040679
On or about June 16, 2006, one of the secretaries approached Licensee about entering orders on a new patient admission. Licensee began arguing with the secretary about whose job it was to enter the orders and it escalated into a yelling match, with racial slurs being used by Licensee.
Probation 9/10/2009 to 9/10/2010

LaTrysa N. Smallwood
Saint Louis, MO
PN2003001171
On or about October 3, 2006, Licensee was asked to submit to a pre-employment drug screen. Licensee's urine sample tested positive for cannabinoids.
Probation 9/2/2009 to 9/2/2011

PROBATION continued on page 14

PROBATION continued from page 13

Georgia S. Spurgeon
Cape Girardeau, MO
RN061798
On February 4, 2007 Licensee stole a Vicodin tablet from a patient's medication supply. On February 4, 2007, Licensee took two different types of insulin, a long-acting and a short-acting, and injected both into her legs. She did this in an attempt to commit suicide. Licensee went into alcohol rehabilitation treatment for 90 days. Since she was diagnosed and has been taking medication for the correct condition, Licensee has had no suicidal thoughts and has been successful in her employment. At the time of the hearing, License had been sober for approximately two years.
Probation 9/9/2009 to 9/9/2012

Christine Elizabeth Turner
Saint Louis, MO
PN2007024825
Licensee violated the terms of the Order by submitting a urine specimen which tested positive for ethyl glucuronide, a metabolite of alcohol, on August 11, 2008.
Suspension 10/15/2009 to 11/13/2009
Probation 11/14/2009 to 7/29/2011

Cynthia Leigh Justus-Watts
Aldrich, MO
RN2003025042
On or about March 27, 2008, Licensee went to a convenience store during lunch and bought a bottle of vodka. Licensee had a few drinks and went back to work. On or about March 30, 2008, Licensee returned to the convenience store and got another bottle of vodka and drank one third of the bottle and then went back to work. Licensee's blood test results were .123 percent. Licensee started an outpatient program. On or about April 10, 2008, Licensee arrived at the treatment where she admitted to being intoxicated. On or about April 16, 2008, Licensee was on her way to an Alcoholics Anonymous meeting, but the meeting place had been moved. Being frustrated, Licensee then drank one-third of a bottle of vodka outside where the meeting was to have taken place. On the way to where the meeting was actually being held, Licensee was pulled over for not staying in the lane of traffic and was charged with Driving While Intoxicated. On or about April 17, 2008, Licensee was accepted into a treatment program. Licensee successfully completed the program and was released on or about May 16, 2008.
Probation 10/8/2009 to 10/8/2014

Karen S. Weflen
Saint Louis, MO
RN075546
Licensee was required to abstain completely from the use or consumption of alcohol. On July 20, 2009, Licensee submitted a urine sample for random drug and alcohol screening. The sample tested positive for the presence of ethyl glucuronide, a metabolite of alcohol.
Probation 9/9/2009 to 9/9/2014

Jan M. Willman
Saint Louis, MO
RN124055
Licensee was required to abstain completely from the use or possession of any controlled substance or other drug

PROBATION Continued...

for which a prescription is required unless use of the drug had been prescribed by a person licensed to prescribe such drug and with whom Licensee had a bona fide relationship as a patient. On November 12, 2008, Licensee submitted a urine sample for random drug screening. That sample tested positive for the presence of methadone. Licensee is, therefore, in violation of the terms and conditions of her probation.
Probation 9/29/2009 to 4/17/2014

Karen R. Wooldridge
Slater, MO
RN080022
In 1988 Licensee used methamphetamine on one occasion. In 1996 Licensee diverted Demerol for her own use. On January 26, 1997 licensee admitted herself for treatment for Demerol dependence. On February 3, 1997 licensee was terminated for documentation errors, lack of organizational and communication skills, failure to respond to staff requests in a timely manner, and for inattention to staffing needs. Licensee first used cocaine in approximately 1980, she used sporadically, in 1997 licensee resumed cocaine use. February 25, 2003 licensee pled guilty to unlawful use of drug paraphernalia. Licensee's sobriety date is August 8, 2003.
Probation 9/11/2009 to 9/11/2012

REVOKED

Careissa Michelle Comley
Independence, MO
PN2001019701
In Kansas, Licensee diverted drugs, supplies and property from her employer and patients for her personal consumption and falsified patient medical records. On June 7, 2006, the Kansas Board of Nursing revoked Licensee's license. On September 28, 2007, Licensee was placed on the U.S. Department of Health and Human Services Federal Exclusion List because her license was revoked for reasons bearing on Licensee's professional competence, professional performance or financial integrity. Licensee remains on the exclusion list until she regains her Kansas practical nursing license.
Revoked 9/9/2009

Jeffrey D. Creager
Kansas City, MO
PN2002007356
Licensee was required to contract with the Board's third party administrator (TPA) and participate in random drug and alcohol screenings. Licensee was to have completed the registration packet and submit the completed contract to the TPA within twenty working days of the effective date of the Order. Licensee has not contracted with the TPA.
Revoked 9/9/2009

Cheryl A. Crider
Ash Grove, MO
RN096025
Licensee was required to renew her nursing license immediately. Licensee's license expired on April 30, 2009 and has not been renewed. Licensee was to meet with the Board or its professional staff at such times and places as required by the Board. Licensee was advised by certified mail to attend a meeting with the Board's representative. Licensee did not attend the meeting or contact the Board to reschedule the meeting.
Revoked 9/9/2009

Barbara J. Derrell
Belleville, IL
PN053137
Licensee was required to immediately advise any employer or potential employer of Licensees probationary status and provide a copy of the Agreement to any employer or potential employer. Licensee did not immediately notify her employer of her probationary status. Licensee was required to submit employer evaluations from each and every employer. If Licensee was unemployed, a notarized statement indicating the dates of unemployment was to be submitted in lieu of the evaluation. The Board did not receive an employer evaluation or statement of unemployment on behalf of Licensee by the June 5, 2009 documentation due date.
Revoked 9/9/2009

Philip L. Dodd
Carl Junction, MO
PN2000169768
Licensee held licensure in the state of Kansas as a practical nurse until suspended by the Kansas State Board of Nursing

REVOKED Continued...

on January 22, 2003, for fraud or deceit in practicing nursing or in procuring or attempting to procure a license to practice nursing in the state of Kansas. Licensee wrote an insufficient funds check and has failed to respond to two letters requesting payment thereby violating Kansas Statute 65-1120(a)(1). Licensee held licensure as a vocational nurse in the state of Texas until such license was revoked by the Texas Board of Nurse Examiners following a hearing before an Administrative Law Judge.
Revoked 9/9/2009

Julie Katrin Faulkner
Bismarck, MO
PN2001030501
Licensee was required to undergo a thorough chemical dependency evaluation. The Board never received a thorough chemical dependency evaluation submitted on Licensees behalf. Licensee was required to submit employer evaluations from each and every employer. If Licensee was unemployed, a notarized statement indicating the dates of unemployment was to be submitted in lieu of the employer evaluation. The Board did not receive an employer evaluation or statement of unemployment on behalf of Licensee by the first documentation due date of May 20, 2009. Licensee was required to contract with the Board's approved third party administrator to schedule random drug and alcohol screenings. Licensee was required to call a toll free number every day to determine if she was required to submit a sample for testing that day. Licensee failed to call NTS on seventy-five (75) days.
Revoked 9/9/2009

Amanda L. Freeman
Lees Summit, MO
PN058031
Licensee was required to contract with the Board approved third-party administrator (TPA) and participate in random drug and alcohol screenings. Licensee failed to contract with the Board's TPA. Licensee was required to undergo a thorough chemical dependency evaluation. The Board never received a thorough chemical dependency evaluation submitted on Licensee's behalf.
Revoked 9/9/2009

Terry M. Kronshagen
Pacific, MO
PN055809
Licensee was required to contract with NCPS, Inc. and participate in random drug and alcohol screenings. Licensee never completed the contract process with NCPS, Inc. Licensee was required to undergo a thorough chemical dependency evaluation. The Board has never received a thorough chemical dependency evaluation submitted on Licensees behalf. Licensee was required to renew his nursing license immediately. Licensee's license expired May 31, 2008 and remained lapsed until August 6, 2009.
Revoked 9/9/2009

Norma Monsivais
Saint Louis, MO
RN122376
Licensee was required to abstain completely from the use or consumption of alcohol. On December 19, 2008, Licensee was arrested for Driving While Intoxicated in St. Louis County, Missouri. Prior to placing her under arrest, the arresting officer noticed a strong odor of alcohol on her breath and observed that her eyes were bloodshot and watery. The officer described her balance as swaying and observed her speech to be slurred and confused. Licensee failed the horizontal gaze nystagmus test administered by the arresting officer; displaying all six indicators of intoxication. When asked by the officer if she had been drinking, Licensee replied, oh yeah. When given the opportunity to submit to a breathalyzer test, Licensee refused to provide a breath sample for testing. During the post-Miranda interview, Licensee was asked if she had been drinking. Licensee responded in the affirmative. During the post-Miranda interview, Licensee was asked if she was under the influence of an alcoholic beverage. Licensee again responded in the affirmative.
Revoked 9/9/2009

Adriana Wolverton
Edina, MO
RN129667
In 2005, Licensee worked as an RN in the critical care unit at a hospital. P.G. was a female patient admitted to the critical care unit to determine the cause of her hypotension. Licensee never put the blood pressure cuff on P.G. to check her blood pressure for the entire shift. However, Licensee

REVOKED continued on page 15

REVOKED continued from page 14

recorded blood pressure readings for P.G. at 8 a.m., noon, and 4 p.m. P.G. urinated into a "top hat" collection container positioned in the toilet of her bathroom. P.G. finally had to empty it because it got full. At 2 p.m., Licensee charted that P.G. voided 1,000 cc during the day shift. Licensee did not listen to P.G.'s lungs or touch her to perform an assessment during the day shift. Licensee charted complete assessments of P.G. every four hours during the day shift. During her shift, Licensee was responsible for giving patient E.J. multiple medications. Licensee removed these medications from the Pyxis machine, but instead of giving them to E.J., Licensee threw the medications in the trash can at the critical care unit nursing station. Licensee documented on the medication administration record that she gave E.J. the medications during the day shift. Hospital personnel discovered E.J.'s medications in the trash can.
Revoked 9/9/2009

Christeena L. Zylstra
Kansas City, MO
RN138741
Licensee was required to contract with a third party acceptable to the Board to schedule random drug and alcohol screenings. Licensee was required to submit to screenings at least quarterly. Licensee did not submit to a screening during the first quarter of 2009. Licensee did not submit to a screening during the second quarter of 2009. Licensee was required to submit employer evaluations from each and every employer. If Licensee was unemployed, a notarized statement indicating the dates of unemployment was to be submitted in lieu of the employer evaluation. Licensee failed to submit an employer evaluation or statement of unemployment by the April 1, 2009 documentation due date. Licensee was to submit evidence of weekly attendance at AA, NA or other support group meetings. Licensee failed to submit evidence of attendance at support group meetings by the April 1, 2009 documentation due date.
Revoked 9/9/2009

VOLUNTARY SURRENDER

Stephanie Dawn Medley
Nixa, MO
RN137381
Licensee voluntarily surrendered her license on September 16, 2009.
Voluntary Surrender 9/16/2009

Kimberly A. Peterson
Dixon, MO
PN048837
On November 2, 2009, Licensee voluntarily surrendered her nursing license.
Voluntary Surrender 11/2/2009

Rhonda R. Smith
Macon, MO
RN083374
Licensee was required to submit employer evaluations from each and every employer. If Licensee was unemployed, a notarized statement indicating the dates of unemployment was to be submitted in lieu of employer evaluations. The Board did not receive an employer evaluation or statement of unemployment by the January 5, 2009; April 6, 2009; or June 20, 2009 documentation due date. Licensee was

VOLUNTARY SURRENDER Continued...

required to complete fifteen continuing education contact hours in Nursing Law and Ethics and submit proof of completion to the Board. The Board did not receive proof of completion of the contact hours.
Voluntary Surrender 10/15/2009

Susan E. Smith
Leawood, KS
RN100385
Licensee was employed at a hospital in Kansas City, Missouri in November of 2006. The registered nurse training Licensee stated that on November 22, 2006 he noticed that Licensee wanted to waste narcotics, the Demerol count in the Accudose machine was off and that the unit ran out of Fentanyl for a short period of time. The training nurse reported his observations to his supervisor. The supervisor started looking for Licensee and found Licensee in the female staff restroom. The supervisor began questioning Licensee and Licensee removed two 100mg syringes of Demerol, one of which was opened, from her pocket and one 5mg vial of Versed. Licensee was terminated from her employment. Licensee admitted to the Boards investigator that on November 22, 2006, Licensee diverted and self injected Fentanyl.
Voluntary Surrender 11/17/2009

NOTIFICATION OF NAME AND/OR ADDRESS CHANGE

☐ NAME CHANGE ☐ ADDRESS CHANGE ☐ PHONE CHANGE

_____ _____
Missouri License Number Social Security Number

_____
_____
Signature *(This form must be signed)* Date

OLD INFORMATION

_____
Last Name First Name Middle Name

NEW INFORMATION

_____
Last Name First Name Middle Name

(_____)_____ _____
Daytime Telephone Number E-mail Address

PRIMARY STATE OF RESIDENCE ADDRESS: (where you vote, pay federal taxes, obtain a driver's license)

Physical address required, **PO boxes are not acceptable**

CITY STATE ZIP

MAILING ADDRESS (IF DIFFERENT THAN PRIMARY RESIDENCE)

STREET OR PO BOX

CITY STATE ZIP

Return completed form to: Missouri State Board of Nursing, PO Box 656, Jefferson City, MO 65102
Or
Fax to 573-751-6745
If you wish to request a duplicate license reflecting the name change, you must return your current license, this completed form and a $15 check or money order.

The Board of Nursing is requesting contact from the following individuals:

Colleen Brady–PN024390
Tracy Bynog–PN058788
Clifford Cecil–RN087397
Susanne Langston–PN050275
Diana McFatrich–RN145424
Jeannie Renee Owens–PN2001025370
Michele Diane Smith–RN2006010122
Germaine Verrett–PN2004018393
Martha Witcher–RN081502
Paul Wolford–RN149889

If anyone has knowledge of their whereabouts, please contact Beth at 573-751-0082 or send an email to nursing@pr.mo.gov

Missouri and Kansas Hospital Teams are Working to Reduce Blood Stream Infections

Fourteen Kansas City Metropolitan area and northwest Missouri hospitals are participating in a collaborative to implement evidenced-based practices to improve teamwork and to combat bloodstream infections. The "CUSP/STOP BSI Collaborative" is modeled after a pioneering program developed to reduce central line associated bloodstream infections in patients at intensive care units in Michigan hospitals. The Comprehensive Unit-based Safety Program (CUSP) and BSI reduction protocol adopted by the CUSP/STOP BSI Collaborative was developed by Johns Hopkins University in Baltimore. The approach has a track record of improving communication between physicians, nurses and other team members and success in reducing BSI. In Michigan, investigators found that the protocol, which includes a series of clinical and safety culture improvement interventions, led to a 66 percent BSI reduction in 103 participating ICUs between March 2004 and June 2005. Using the system, the typical ICU cut its quarterly infection rate to zero, and the average ICU in Michigan outperformed 99 percent of ICUs nationwide. In addition to improved and sustained clinical outcomes, participating hospitals reported saving 1,578 patient lives, 81,020 patient days and more than $165.5 million.

Similar outcomes are expected for the Kansas City and northwest Missouri CUSP/STOP BSI Collaborative, which is coordinated by the Missouri Center for Patient Safety and the Missouri Hospital Association. Funding for this project was provided in part by Blue Cross and Blue Shield of Kansas City. Additional information about the program is available online at www.mocps.org.

Real-life Disasters Show Need for Emergency Healthcare Volunteers

Submitted by the Department of Health and Senior Services

The terrorist attacks of September 11, 2001, the anthrax attacks that immediately followed, and Hurricane Katrina, in 2005, shined a stark public light on the crucial role public health plays in responding to major disasters. Further, these unforgettable events underscored the importance of constantly striving for a high level of emergency readiness at the local, state, national and international levels.

One area of preparedness highlighted by past disasters is the need for a well-trained cadre of healthcare volunteers on standby ready to help when and where needed. This emergency "surge" of supplemental health care workforce could be mobilized to respond immediately to a mass-casualty event or severe disease outbreak. However, pre-event volunteer recruiting, registration, verification and tracking is key to making these volunteers "battle-ready" and assuring they can immediately be put to work where needed. According to reports, hospital administrators involved in responding to the World Trade Center tragedy reported that they were unable to use medical volunteers because they were unable to verify the volunteers' basic identity, licensing, credentials (training, skills, and competencies), and employment. In effect, this critical health workforce surge capacity could not be used.

In an effort to avoid similar problems for future response efforts, the federal government, through a U.S. Department of Health and Human Services (HHS) grant, has required the state of Missouri to develop an Emergency System for Advanced Registration of Volunteer Healthcare Professionals (ESAR-VHP); Missouri's system is called *Show-Me Response*. This system registers health volunteer information, with proper volunteer authorization to verify, and assigns each healthcare volunteer an emergency credentialing level consistent with emergency credentialing standards. Registered volunteers receive an identification badge coded with their identity, licensure, credentials, and credentialing level. Health care system administrators now can quickly and accurately assign volunteers by their emergency credential level, and effectively use them in an appropriate work setting. With on-site electronic verification of identity and licensure, the volunteer can be put to work immediately.

Missouri began registering healthcare volunteers through the *Show Me Response* system in December 2008 and we now have more than 2,700 volunteers registered. Included is information from the former LEAD-R registry, which many healthcare professionals had previously submitted through their professional licensing process. It has been said that "disasters call for heroes." If this is true, then Missouri's nurses have indeed answered the call for heroes, as more than 70 percent of the volunteers on the active list are nurses.

Show Me Response volunteers may be registered by affiliation with a local Medical Reserve Corps, American Red Cross, or other organizations mobilized in disasters, or they can choose "no affiliation" and be part of a state pool of volunteers. Local affiliation offers opportunities such as training, disaster exercises and communication regarding local volunteer opportunities.

When a disaster or public health emergency occurs, *Show-Me Response* will contact volunteers who have a completed registration on file with a "mission" that needs particular skills and fits within the parameters preset by the volunteer in respect to the assignment's time and place. Family and workplace take precedence, but if available to serve, the volunteer indicates they are willing to be deployed for this specific mission. The *Show-Me Response* system coordinator then develops a schedule and communicates with available volunteers regarding deployment.

While the response has been positive, many more nurses are needed to assure statewide coverage in an emergency. Please consider registering with *Show-Me Response* by going to the website at www.showmeresponse.org and completing the new streamlined registration process. Once license and credentials are verified, volunteers are notified where to go to obtain a picture identification card that will be coded with the necessary information for deployment.

Missourians involved in the disaster will need the many skills offered by Missouri's nursing workforce. In addition to supplementing affected hospital staffing, Missouri has the capacity to develop alternative sites for healthcare, but *Show-Me Response* volunteers will be desperately needed to provide the nursing care in these additional alternative sites.

Save the Date!

April 6, 2010

April 7, 2010 - MOCPS PSO Meeting (for PSO participants)

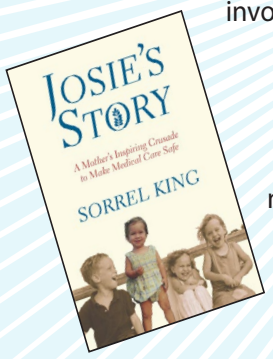
Learning Together



2010 Missouri Center for Patient Safety Conference

at the
Stoney Creek Inn
Columbia, MO

Join us for our fourth annual conference with keynote speaker Sorrel King, author of Josie's Story: A Mother's Inspiring Crusade to Make Medical Care Safe. King will share her family's experience with medical errors and her active involvement with physicians in promoting patient safety around the world.



A copy of the book will be available for attendees with autograph opportunities.

The conference will also provide an opportunity to network with other patient safety leaders, learn from state and national experts, and share your own safety successes through poster displays and more!

Keynote Speaker:
Sorrel King
Founder of *The Josie King Foundation* and renowned patient safety advocate



Other topics:

- 2nd annual *Missouri Excellence in Safe Care* Awards
- CUSP – a model for communication and teamwork
- Teaching patient safety – Consumers, caregivers, and students
- "Triggering" - proactive identification of risk

Online Registration will be available January 2010
www.mocps.org

Missouri Center for Patient Safety

Sponsorship opportunities, poster presentation/award applications, and additional information available at *www.mocps.org*.

MO-09-21-MOCPS